

FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
DIVISION

2014 JAN 22 PM 2:21

Wanda E Brooks for)
Jesse W Brooks estate)
Wanda E Brooks)
Name of Plaintiff(s))
v.)
United States)
VA Administration)
Name of Defendant(s))

U.S. DISTRICT COURT
MIDDLE DISTRICT OF TN

Case No. _____
(To be assigned by Clerk)

COMPLAINT

1. State the grounds for filing this case in Federal Court (include federal statutes and/or U. S. Constitutional provisions, if you know them):

Federal Tort Claims Act section 1346(b) and
2671-2680 Title 28, United States Code

2. Plaintiff, Wanda E Brooks resides at

2209 Abbott Martin Rd. apt 2-11, Nashville,
Street address City

Davidson, Tn., 37215, 298-2966,
County State Zip Code Telephone Number

(If more than one plaintiff, provide the same information for each plaintiff below.)

The estate of Jesse W Brooks deceased.
2209 Abbott Martin Rd apt 2-11, Nash, In 37215

3. Defendant, United States - Veterans Administration resides at

1310 24th Ave So., Nashville,
Street address City

Davidson, Tn., 37212, 615-327-4751
County State Zip Code Telephone Number

(If more than one defendant, provide the same information for each defendant below.)

4. Statement of claim. (State as briefly as possible, the facts of your case. Describe how each Defendant is involved. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary. Attach any documentation or exhibits in support of the complaint):

My Husband had 4th stage Cancer, it wasn't found till he was almost dead. He was so weak and it had metastasized to his brain. They found it in Feb. 2011, Mr. Brooks died May 5th 2011, when they finally did an x-ray it was too late for treatment. The P.A. Barbara Artheit said, "All old people have phlegm in the back of their throat, he used cough drops, mucinex with plenty of water. The pain was really bad. This made his mental health and other medical problems worse. My health has also gone down.

5. Prayers for Relief (List what you want to Court to do):

- a. I pray for the court to order the VA to pay for the wrongful death of my husband,
- b. The pain and suffering for the both of us, the sum of \$300,000.00 for relief of debt and my medical needs.
- c. For the court to know that I'm not an atty. Federal or Civil.

d. _____

I (We) hereby certify under penalty of perjury that the above Petition is true to the best of my (our) information, knowledge, and belief.

Signed this 22 day of January , 2014 .

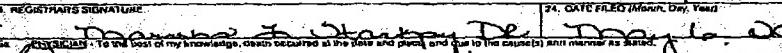
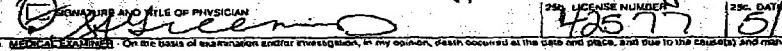
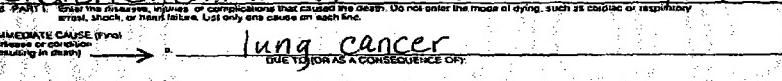
Wanda E Brooks
estate of Jesse W Brooks

(Signature of Plaintiff(s))

STATE OF TENNESSEE
Office of Vital Records

1102593 AMENDED BY AFFIDAVIT OF FUNERAL DIRECTOR 6/6/2011 /JT

2011 D19546

CERTIFICATE OF DEATH													
DECEDENT'S NAME (First, Middle, Last) Jesse Wayne Brooks				SEX Male				DATE OF DEATH (Month, Day, Year) May 05, 2011					
SOCIAL SECURITY NUMBER 410-34-0652				DATE OF DEATH MONTH DAY YEAR Dec. 29, 1928				PLACE OF DEATH (City and State or Foreign Country) Nashville, Tennessee					
WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Impaired <input type="checkbox"/> Enriched <input type="checkbox"/> DOD <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residences <input checked="" type="checkbox"/> Other Specified Hospice													
INCIDENT Alive Hospice 930 Nashville													
SIC FACILITY NAME (If not hospital, give name and number) Alive Hospice				SIC CITY, TOWN OR LOCATION OF DEATH 930 Nashville				SIC COUNTY OF DEATH 19					
10. MARITAL STATUS (MARRIED, Never Married, Widowed, Divorced, Separated) <input checked="" type="checkbox"/> Married				11. SURVIVING SPOUSE (If wife, give maiden name) Wanda Higdon				12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life OR did last regular job) Instructor					
13a. RESIDENCE STATE Tennessee				13b. COUNTY Davidson				13c. STREET AND NUMBER OR RURAL LOCATION 1900 Antioch Hwy					
13d. ZIP CODE 37012				14. WAS DECEDENT OF MIND CAPABLE? (Specify Yes or No if yes, specify Condition, Medication, Prosthetic Device, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				15. RACE American Indian, Black, White, etc. (Specify) White					
16. PARENTS' NAME (First, Middle, Last) J.R. Brooks				17. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Park				18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5-4) 5-15					
18a. INFORMANT'S NAME (First, Middle, Last) Wanda E. Brooks				19. RELATIONSHIP TO DECEASED Wife				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1900 Hickory Way, Antioch, TN 37013					
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from grave <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Cremation				20b. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) Tennessee State Veterans Cemetery				20c. LOCATION-City or Town, State Nashville, Tennessee					
21a. SIGNATURE OF FUNERAL DIRECTOR Robert E. Fuqua				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 6060				21c. SIGNATURE OF EMBALMER Jeff Plunk					
22a. NAME AND ADDRESS OF FUNERAL HOME Woodland-Roesch-Patterson Funeral Home and Memorial Park 560 Thompson Lane, Nashville, TN 37204				22b. LICENSE NUMBER OF FUNERAL HOME 933				22c. LICENSE NUMBER OF FUNERAL HOME 4353					
23a. REGISTRANT'S SIGNATURE 				24a. DATE FILED (Month, Day, Year) May 10, 2011				24c. DATE SIGNED (Month, Day, Year) May 10, 2011					
24b. SIGNATURE AND TITLE OF PHYSICIAN  Sharon Green, M.D.				25a. LICENSE NUMBER 4057				25c. DATE SIGNED (Month, Day, Year) May 10, 2011					
25b. MEDICAL EXAMINER'S STATEMENT: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) and manner as stated. <input type="checkbox"/> Signature and Title of Medical Examiner Sharon Green, M.D.				26a. LICENSE NUMBER 37203				26c. DATE SIGNED (Month, Day, Year) May 10, 2011					
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Sharon Green, M.D., 1718 Patterson St. Nash-Tn 37203				28. APPROXIMATE INTERVAL BETWEEN CERTIFICATION AND DEATH Approximate Interval Between Death and Death									
28a. PART II: List those diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				28b. DATE SIGNED (Month, Day, Year) May 10, 2011									
29. IMMEDIATE CAUSE (that disease or condition resulting in death)  Lung cancer				29a. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): Lung cancer				29c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. CAUSE OF DEATH  metastases to brain				30a. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): Metastases to brain				29d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31a. MANER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Homicide				31b. DATE OF INJURY (Month, Day, Year) M		31c. TIME OF INJURY 12:00 PM		31e. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31f. DESCRIBE HOW INJURY OCCURRED Building, etc. (Specify)		31g. LOCATION (Street and Number or Rural Route Number, City or Town, State) metastases to brain	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John & Susan

6/20/2011

Date Issued

